

## EXHIBIT 56

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

- - -

In Re National :  
Prescription Opiate :  
Litigation :  
: MDL No. 2804  
:  
This document relates : Case No. 17-md-2804  
to: :  
: Judge Dan Aaron  
The County of Summit, : Polster  
Ohio, et al., v. Purdue :  
Pharma L.P., et al. :  
Case No. 1:18-OP-45090 :

Transcript of the video deposition of  
Julie Barnes, a witness herein, called by the  
Track One Defendants for examination under the  
applicable rules of Federal Civil Court  
Procedure, taken before me, Linda D. Riffle,  
Registered Diplomate Reporter, Certified Realtime  
Reporter, Certified Realtime Captioner, and  
Notary Public in and for the State of Ohio,  
pursuant to notice and agreement, at the Akron  
Bar Association, 57 South Broadway Street, Akron,  
Ohio, on Monday, December 3, 2018, beginning at  
8:59 a.m. and concluding on the same day.

<p style="text-align: right;">Page 66</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. As far as you know.</p> <p>3 A. Well, I think an opiate, specifically,</p> <p>4 is a certain type. An opioid is a more -- the</p> <p>5 more general, broad perspective.</p> <p>6 Q. What's heroin? Where does that fit into</p> <p>7 the scheme that you've been describing?</p> <p>8 A. You know, heroin is a synthetic type of</p> <p>9 drug that is an opiate, but not a prescription.</p> <p>10 Q. What about fentanyl or carfentanil? Do</p> <p>11 you know where those fit into this?</p> <p>12 A. Carfentanil is also a synthetic type of</p> <p>13 drug or can be. It can be a prescription drug.</p> <p>14 I know there are definitely -- fentanyl can be</p> <p>15 prescribed for pain management as well.</p> <p>16 Carfentanil, my understanding, is really a pain</p> <p>17 drug for large animals.</p> <p>18 Q. What about, like, fentanyl analogs?</p> <p>19 Have you ever heard of that term?</p> <p>20 A. I have, yeah.</p> <p>21 Q. Okay. And what's your understanding of</p> <p>22 what that means?</p> <p>23 A. I don't know that I have a good</p> <p>24 understanding of what it means other than there</p> <p>25 are different types of fentanyls and different</p>	<p style="text-align: right;">Page 68</p> <p>1 Q. -- have you gained information about the</p> <p>2 role of heroin in Summit County in terms of</p> <p>3 either substance abuse or overdose deaths or any</p> <p>4 other problem that affects Children's Services?</p> <p>5 MS. FLOWERS: Objection.</p> <p>6 THE WITNESS: Yeah. I mean, heroin is a</p> <p>7 drug that is used by some of the clients that we</p> <p>8 serve, yes.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Is it one of the biggest problems in</p> <p>11 terms of substance of abuse right now?</p> <p>12 MS. FLOWERS: Object to the form. Lack</p> <p>13 of foundation.</p> <p>14 THE WITNESS: It is a very big problem</p> <p>15 for many of the clients that we serve, yes.</p> <p>16 Uh-huh.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. Has heroin been passed in the last year</p> <p>19 or so by cocaine and methamphetamine with an</p> <p>20 uptick in Summit County --</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. -- as far as you know?</p> <p>24 MS. FLOWERS: Lack of foundation.</p> <p>25 THE WITNESS: Passed by? Say -- please</p>
<p style="text-align: right;">Page 67</p> <p>1 makeups and -- so, no, I --</p> <p>2 Q. Where does cocaine fit into this? Is</p> <p>3 that an opioid or opiate, as far as you're</p> <p>4 concerned?</p> <p>5 A. Not to my knowledge, no.</p> <p>6 Q. Okay. What about methamphetamine? Is</p> <p>7 that opioid or opiate or something else?</p> <p>8 A. No.</p> <p>9 Q. Something else?</p> <p>10 A. It's something else. It's not an</p> <p>11 opiate.</p> <p>12 Q. Okay. Do you know anything about the</p> <p>13 importation of heroin from other countries that</p> <p>14 eventually makes its way into Summit County? Any</p> <p>15 personal knowledge about that at all?</p> <p>16 A. No.</p> <p>17 Q. Anything about data that would relate to</p> <p>18 heroin usage trends within Summit County?</p> <p>19 MS. FLOWERS: Object to the form.</p> <p>20 THE WITNESS: Yeah, I don't really</p> <p>21 understand the question.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. Okay. Do you -- in connection with your</p> <p>24 job --</p> <p>25 A. Yeah.</p>	<p style="text-align: right;">Page 69</p> <p>1 say it again.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Has heroin, as a drug of abuse impacting</p> <p>4 Children's Services, been passed by cocaine and</p> <p>5 methamphetamine within the last year or so?</p> <p>6 MS. FLOWERS: Same objection.</p> <p>7 THE WITNESS: Heroin -- from my</p> <p>8 perspective and what I've seen in my agency,</p> <p>9 heroin surpassed cocaine at some point and was</p> <p>10 a -- a primary issue for many of our clients. We</p> <p>11 have seen a resurgence of meth more recently.</p> <p>12 I think much of that is really education</p> <p>13 that's been done around use of opioids and heroin</p> <p>14 and, you know, the many drug overdoses and deaths</p> <p>15 that have occurred. I think we're seeing many</p> <p>16 clients that are switching to using meth because</p> <p>17 they feel it's a more controlled substance that</p> <p>18 they can manage better.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. So let's go back a little bit. So back</p> <p>21 when you were with Summit County in the past, was</p> <p>22 that during when cocaine was at its peak --</p> <p>23 MS. FLOWERS: Objection.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. -- in the early to mid 2000s?</p>

<p style="text-align: right;">Page 70</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 THE WITNESS: I don't remember exactly</p> <p>3 when cocaine was at its peak. That may be</p> <p>4 accurate. I just -- I don't remember the year</p> <p>5 the cocaine peaked but --</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Let me just ask in general. Do you</p> <p>8 remember a time when the -- the drug of abuse or</p> <p>9 the substance of abuse that was having the</p> <p>10 biggest impact on Children's Services was cocaine</p> <p>11 and crack? Was that during your time?</p> <p>12 A. Yes. Uh-huh.</p> <p>13 Q. Okay. And there were issues like</p> <p>14 offspring of people who were addicted to cocaine</p> <p>15 in various forms having additional Children's</p> <p>16 Services needs affecting the entire range of</p> <p>17 services provided by Children's Services,</p> <p>18 correct?</p> <p>19 A. Yes.</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 THE WITNESS: Uh-huh. Yes.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. And there were also adults who</p> <p>24 interacted with Children's Services where their</p> <p>25 needs were exacerbated or created because of</p>	<p style="text-align: right;">Page 72</p> <p>1 I would say in my 28-year career,</p> <p>2 dealing with opiates has been one of the greatest</p> <p>3 challenges that we've had with our clientele.</p> <p>4 Q. So going back to the 28 years, viewing</p> <p>5 it kind of overall, tracking the substance of</p> <p>6 abuse, what the trends are within that, which</p> <p>7 ones are having the greatest impact and how they</p> <p>8 might change how you provide children's services,</p> <p>9 your budgetary needs, have always been a part of</p> <p>10 your job?</p> <p>11 A. Yes.</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. And as you've moved into management and</p> <p>15 pay attention to staffing needs and budget needs,</p> <p>16 you have to track that in kind of a -- not just</p> <p>17 anecdotal way but looking for data analysis and</p> <p>18 more reliable ways to look at the drug of abuse</p> <p>19 or substance of abuse that's impacting the</p> <p>20 provision of children's services, correct?</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 THE WITNESS: We -- if you're asking me</p> <p>23 about tracking, I think is the question, we have</p> <p>24 always had some trouble tracking substance abuse</p> <p>25 or type of substances over the years, I mean,</p>
<p style="text-align: right;">Page 71</p> <p>1 addiction or even overdose to cocaine in various</p> <p>2 forms, correct?</p> <p>3 MS. FLOWERS: Objection. Form.</p> <p>4 THE WITNESS: Our clients?</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. Yes.</p> <p>7 A. Yes. I mean, addiction has always been</p> <p>8 an issue for many of the clients that we serve.</p> <p>9 I think what we have seen more recently is that</p> <p>10 the addiction has increased. So roughly</p> <p>11 estimating, I would say, you know, we've always</p> <p>12 dealt with maybe a third of our population or a</p> <p>13 quarter of our population having some type of</p> <p>14 addiction issue, but they were often issues like</p> <p>15 alcoholism and they were sometimes able to</p> <p>16 function, sometimes able to manage their</p> <p>17 parenting.</p> <p>18 As we saw addiction change to opiates</p> <p>19 and heroin, we see our clients struggling more</p> <p>20 with their addiction. So addiction has certainly</p> <p>21 changed over time in my career. I -- you know,</p> <p>22 alcohol was the primary issue when I was a</p> <p>23 caseworker. Cocaine became an issue at some</p> <p>24 point. Opiates became an issue several years</p> <p>25 ago. So it has certainly changed over time.</p>	<p style="text-align: right;">Page 73</p> <p>1 historically, because there are many places</p> <p>2 throughout a case where substance use can become</p> <p>3 an issue.</p> <p>4 So it could be reported to us at day</p> <p>5 one. It could be something that's identified at</p> <p>6 our disposition of the case. It could be</p> <p>7 something that is identified later in the case if</p> <p>8 we're continuing to serve a family. So there are</p> <p>9 various points and places where addiction and</p> <p>10 type of substance can become an issue.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. Okay. So it's been a challenge to</p> <p>13 accurately track and do data analysis of the drug</p> <p>14 of abuse over time, correct?</p> <p>15 MS. FLOWERS: Objection. Misstates the</p> <p>16 testimony.</p> <p>17 THE WITNESS: Yes, that is correct.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. And over the last several years, there</p> <p>20 have been efforts on a statewide basis, at least,</p> <p>21 to try to improve the data, which has led to kind</p> <p>22 of an increase of the estimate of drug of abuse</p> <p>23 within Children's Services? Clients of</p> <p>24 Children's Services, not employees.</p> <p>25 A. There have been changes to the system</p>

<p style="text-align: right;">Page 74</p> <p>1 over time to try and more accurately reflect 2 substance use and type of drug. 3 Q. Like there's a caseworker blitz a couple 4 years ago with the SACWIS system to try to make 5 sure people were more systematic and thorough in 6 putting in drug of abuse or substance of abuse, 7 correct? 8 A. Yes. 9 Q. Okay. And so before roughly 2016, the 10 data on which drug of abuse was at issue and how 11 often a drug of abuse or substance of abuse 12 played a role in a particular case was less 13 reliable? 14 MS. FLOWERS: Object to the form. 15 THE WITNESS: I don't know that I would 16 say it's less reliable. I would say it was 17 harder to obtain. So if you obtained substance 18 use through a particular field and it, you know, 19 had it listed in that particular field, that's 20 probably accurate data. 21 It's -- the issue is when we get into an 22 underrepresentation because we don't 23 necessarily -- we have to look in so many 24 multiple places to identify it. So that's -- 25 that's where I think often our data is not</p>	<p style="text-align: right;">Page 76</p> <p>1 when that was cocaine, which included overdose 2 deaths, correct? 3 MS. FLOWERS: Object to the form. 4 THE WITNESS: I'm -- I'm sure -- I don't 5 remember the data around cocaine and overdose 6 deaths, so I -- you know, I -- I can't speak to 7 that really, I guess. 8 BY MR. ALEXANDER: 9 Q. There would have been children who 10 entered foster care or had to go through the 11 system in one form or another because of 12 questions about the ability of their parents to 13 take care of them because of cocaine abuse, 14 correct? 15 A. Correct. 16 MS. FLOWERS: Objection. 17 THE WITNESS: Yeah. 18 BY MR. ALEXANDER: 19 Q. And that's still the case today, 20 unfortunately, correct? 21 A. About cocaine? 22 Q. Yes, ma'am. 23 A. Yeah. We still have some cocaine use 24 that we deal with, yes. 25 Q. And, in fact, what we've been describing</p>
<p style="text-align: right;">Page 75</p> <p>1 inaccurate, but it's underrepresented. 2 BY MR. ALEXANDER: 3 Q. That's the word I was about to ask you 4 about. 5 A. Yeah. 6 Q. Before 2016 or so, when you were looking 7 at the incidents of substance abuse playing a 8 role in Children's Services' case and identifying 9 the specific substances that were at issue, that 10 would be underrepresented data? 11 MS. FLOWERS: Object to the form. 12 THE WITNESS: I would -- 13 BY MR. ALEXANDER: 14 Q. Or underestimated? 15 A. Yeah, I -- I believe it's 16 underestimated. Yes. 17 Q. Okay. And keeping that caveat in mind, 18 there have been, at different times over your 19 28-year careers, different drugs or groups of 20 drugs that were essentially the biggest concern, 21 the primary culprit from your perspective or that 22 of your colleagues, about what was driving 23 Children's Services' needs, correct? 24 A. Correct. 25 Q. And we talked about there was a time</p>	<p style="text-align: right;">Page 77</p> <p>1 as the trend is that the impact of heroin peaked 2 around 2016. And since then, heroin has dropped, 3 while cocaine and methamphetamine have come back 4 up; is that correct? 5 MS. FLOWERS: Object to the form. Lack 6 of foundation. 7 THE WITNESS: I think we have seen meth 8 recurrence very recently. I -- I mean, I can't 9 put a -- I can't pinpoint a time for you but, 10 primarily, I would say that's more this year. 11 That's more very recent. 12 BY MR. ALEXANDER: 13 Q. And there was a time in the past when 14 meth was at its peak, correct, like mid 2000s? 15 MS. FLOWERS: Object to the form. 16 THE WITNESS: Uh-huh. Yes, there was a 17 time when meth was at its peak, and it's probably 18 mid 2000s. Yes. 19 BY MR. ALEXANDER: 20 Q. Including the time when you had your 21 prior Summit County position as director of 22 foster care and adoption, correct? That would 23 have been during that time period of 2002 to 24 2007? 25 MS. FLOWERS: Object to the form.</p>

<p style="text-align: right;">Page 82</p> <p>1 A. No, I don't --</p> <p>2 MS. FLOWERS: Object to the form. Lack</p> <p>3 of foundation.</p> <p>4 THE WITNESS: I don't remember</p> <p>5 specifically anything about cocaine being on an</p> <p>6 uptick but . . .</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. And when we talk about any of these</p> <p>9 drugs being a drug of abuse or a substance of</p> <p>10 abuse impacting your clients or the -- the</p> <p>11 children in your system, they can all --</p> <p>12 whichever the drug is or the substance of abuse,</p> <p>13 they can all affect the -- the clients in terms</p> <p>14 of impacting child custody, child support, the</p> <p>15 need for foster care, protective services, the</p> <p>16 full range of services that your group provides,</p> <p>17 correct?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: Substance abuse can</p> <p>20 certainly impact our clients' ability to take</p> <p>21 care of their children, depending on many other</p> <p>22 factors, of course. So, you know, there are</p> <p>23 behavioral factors and environmental factors that</p> <p>24 go into that, genetic factors that go into that.</p> <p>25 So there's many reasons that substances can</p>	<p style="text-align: right;">Page 84</p> <p>1 cocaine use had been lower than it had been at</p> <p>2 some of the peaks in the past. Is that right so</p> <p>3 far?</p> <p>4 MS. FLOWERS: Objection.</p> <p>5 THE WITNESS: I believe so, yes.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. And I'm not just talking about use in</p> <p>8 the community. I mean use within your clients or</p> <p>9 within the family units that affect your clients,</p> <p>10 correct?</p> <p>11 A. I believe so.</p> <p>12 Q. And, therefore, it would impact the need</p> <p>13 for children's services and the cost of</p> <p>14 children's services.</p> <p>15 MS. FLOWERS: Object to form.</p> <p>16 THE WITNESS: The lack of -- or -- I</p> <p>17 don't understand the question.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. The use of cocaine and methamphetamine</p> <p>20 or marijuana or alcohol that you're tracking over</p> <p>21 time, part of the impact that you're tracking is</p> <p>22 whether they affect your need for additional</p> <p>23 staffing, the quality of services that you're</p> <p>24 providing, the number of clients in the system?</p> <p>25 MS. FLOWERS: Object to the form.</p>
<p style="text-align: right;">Page 83</p> <p>1 affect an individual in a different way.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Okay. Let me ask it this way:</p> <p>4 Children's Services provides a range of services,</p> <p>5 correct?</p> <p>6 A. That's correct, yes.</p> <p>7 Q. And each service that Children's</p> <p>8 Services provides can be impacted by a substance</p> <p>9 of abuse, whether it be alcohol, or marijuana,</p> <p>10 cocaine, heroin, methamphetamine, or something</p> <p>11 else?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: Well, our clients might</p> <p>14 need different services based on having a</p> <p>15 substance use disorder.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. Okay. So let's go back to 2013 when you</p> <p>18 took the executive director position because</p> <p>19 maybe it will be helpful --</p> <p>20 A. Okay.</p> <p>21 Q. -- to just kind of walk through what's</p> <p>22 gone on each of these last couple of years.</p> <p>23 A. Uh-huh.</p> <p>24 Q. You said that when you came in in 2013,</p> <p>25 you were aware that the methamphetamine and</p>	<p style="text-align: right;">Page 85</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. Correct so far?</p> <p>3 A. Not necessarily. You know, I don't know</p> <p>4 that we really did any cost analysis, for</p> <p>5 example, on meth use. I mean, it was certainly a</p> <p>6 factor. We knew we had clients that used meth,</p> <p>7 just as at some point we had clients that used</p> <p>8 cocaine.</p> <p>9 As I said, we've always had clients that</p> <p>10 have had substance use disorder. I don't know</p> <p>11 that we tracked it specifically around costs</p> <p>12 related to those drugs.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. Let's set aside cost. When you say</p> <p>15 "staffing," one of the things you pay attention</p> <p>16 to as executive director is if you have</p> <p>17 appropriate staffing both in terms of overall</p> <p>18 levels and hiring at different positions to end</p> <p>19 up with appropriate caseloads and quality of</p> <p>20 services that could be provided; is that fair?</p> <p>21 A. Yes. We staff according to the number</p> <p>22 of cases that we're serving so we have -- can</p> <p>23 maintain our caseloads at a manageable level.</p> <p>24 Q. You also track the number of cases that</p> <p>25 are open at any given time to look at whether the</p>



<p style="text-align: right;">Page 86</p> <p>1 staffing is appropriate, correct?</p> <p>2 A. Yes. Uh-huh.</p> <p>3 Q. And within that, you also look at</p> <p>4 whether there are particular drivers of the cases</p> <p>5 or the needs of cases, whether they be, like,</p> <p>6 substance of abuse or language barriers or other</p> <p>7 factors that might affect the need for and amount</p> <p>8 of services on a individual or overall basis --</p> <p>9 MS. FLOWERS: Object --</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. -- correct?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: That's correct. Yes.</p> <p>14 Uh-huh.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So there would have been analyses done</p> <p>17 on, essentially, the different substances of</p> <p>18 abuse that were driving Children's Services need,</p> <p>19 not just starting in 2014, '15, or '16, but over</p> <p>20 the years before that as well, correct?</p> <p>21 MS. FLOWERS: Object to the form. Lack</p> <p>22 of foundation.</p> <p>23 THE WITNESS: I don't know that there</p> <p>24 were analyses conducted specifically related to</p> <p>25 the use of meth or cocaine. I don't know that.</p>	<p style="text-align: right;">Page 88</p> <p>1 say, 2014 relating to other drugs or that people</p> <p>2 within Children's Services were doing looked at</p> <p>3 things like staffing needs and caseloads, how</p> <p>4 they would be affected by the -- the substances</p> <p>5 of abuse, correct?</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 THE WITNESS: Yeah, I -- I don't know --</p> <p>8 I feel like you asked me the same question, and I</p> <p>9 don't know how to answer it differently.</p> <p>10 We always look at whatever the issues</p> <p>11 are that are impacting our clients when we're</p> <p>12 doing our staffing needs and our program needs,</p> <p>13 yes.</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. And there would have been programs</p> <p>16 instituted before 2014 that tried to improve the</p> <p>17 performance of children's services being provided</p> <p>18 to clients to account for the different</p> <p>19 substances of abuse and trends within substances</p> <p>20 of abuse at any given time, correct?</p> <p>21 A. Correct.</p> <p>22 Q. And you said that in 2014 is when you</p> <p>23 recall starting to notice that there was an</p> <p>24 uptick in Children's Services' needs based upon</p> <p>25 the use of heroin, opiates or opioids. I'm not</p>
<p style="text-align: right;">Page 87</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. What about alcohol or drugs in general</p> <p>3 or -- or marijuana?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: I don't know that there</p> <p>6 were any specific analyses related to cost</p> <p>7 conducted on those types of drugs.</p> <p>8 You know, they may have increased</p> <p>9 caseloads, so caseloads may -- we may have had</p> <p>10 more cases, for example, which would have</p> <p>11 required us to hire more staff or to alter our</p> <p>12 services, for example.</p> <p>13 So we -- we may -- we do things like</p> <p>14 train staff specifically around a type of issue</p> <p>15 that the clients may be having. We may try to</p> <p>16 put programs in place for our staff on a certain</p> <p>17 type of issue. So trainings related to heroin</p> <p>18 and opiates, for example. We've done a</p> <p>19 substantial amount of that over the last few</p> <p>20 years for staff so that they understand it</p> <p>21 better.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. And -- and I said for these questions</p> <p>24 just for now I was -- I was setting aside costs.</p> <p>25 The analyses that you were doing before, let's</p>	<p style="text-align: right;">Page 89</p> <p>1 trying to characterize exactly which drug it was.</p> <p>2 But is that right so far?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And what was your assessment as</p> <p>5 to within that, was that driven by heroin? was</p> <p>6 that driven by illegally obtained drugs? or was</p> <p>7 that driven by some other category of drugs?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 THE WITNESS: I don't know that I have</p> <p>10 an answer for that. I mean, I think we have</p> <p>11 talked about opiates and heroin together. They</p> <p>12 seem to be very strongly linked for our clients.</p> <p>13 Many started on an opiate of some kind that led</p> <p>14 to heroin. So I don't know that in our</p> <p>15 conversations we really deciphered heroin from</p> <p>16 the opiate specifically or a specific type.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. Do you remember -- do you remember</p> <p>19 having specific discussions in 2014 or before</p> <p>20 about this issue of heroin, opiates, or opioids</p> <p>21 impacting children's services in Summit County?</p> <p>22 A. Well, heroin certainly isn't a new</p> <p>23 phenomenon. I mean, it -- that's been, you know,</p> <p>24 something that's been an issue since I've, you</p> <p>25 know, been in child welfare. I don't remember it</p>

<p style="text-align: right;">Page 90</p> <p>1 being a problem specifically that was coming to  2 my attention until around 2014 and really --  3 real -- much more so in 2015. I think we started  4 to hear about our clients using heroin and  5 opiates in 2014 is when those conversations  6 started to occur. The problem really sort of hit  7 us in 2015.  8 BY MR. ALEXANDER:  9 Q. The conversations from 2014 that you  10 just referenced --  11 A. Uh-huh.  12 Q. -- were they between you and other  13 people within Children's Services?  14 A. Yes.  15 Q. With whom?  16 A. Caseworkers and supervisors and, you  17 know, various level of primarily social service  18 staff who were seeing issues with their clients  19 that were heroin related or opiate related, and  20 some of the struggles that they were having in  21 trying to find the right treatment and service  22 plan for those clients because they were really  23 struggling and very difficult to service.  24 Q. So back in 2014 when you started having  25 these discussions with your colleagues, did you</p>	<p style="text-align: right;">Page 92</p> <p>1 '16, who was working with Kevin in QI on these  2 sorts of projects that you were initiating?  3 A. We have a department director over our  4 quality improvement department. It is currently  5 Elizabeth Mangon, I mentioned earlier, because  6 she's also over our records department. And  7 prior to -- I don't know when she started because  8 it's been within the last couple of years. We  9 had a prior director over quality improvement who  10 retired.  11 Q. And who was the prior director from,  12 like, the 2014 time frame?  13 A. Her name is Nealya Carter. Again, I  14 don't know when Nealya Carter left and Liz took  15 over specifically. It was probably after 2014.  16 Q. Is that with an "N" or an "M" in her  17 first name? I couldn't quite hear you.  18 A. Nealya, you mean? Nealya, N-e-a-l-y-a.  19 Q. Okay. So in addition to the initiatives  20 with Kevin Brown in QI, were there another --  21 were there other measures that you initiated or  22 discussions, at least, that you initiated about  23 ways to make things better or ways to assess what  24 the -- what the problem was, what its impact was?  25 MS. FLOWERS: Object to the form.</p>
<p style="text-align: right;">Page 91</p> <p>1 ask for there to be any sort of analyses done or  2 proposals put together to look at how to improve  3 the provision of children's services given this  4 change in drug use patterns?  5 A. I know that I did start asking some of  6 those questions from our QI staff, for example,  7 maybe as early as 2014. Uh-huh.  8 Q. Who's QI?  9 A. Quality improvement. Yeah.  10 Q. And who would be the folks in there that  11 you would have been having these discussions with  12 about initiating these sorts of analyses back in  13 2014?  14 A. We had a analyst who worked in our  15 quality improvement department. His name is  16 Kevin Brown. But Kevin passed away, so -- but he  17 was, you know, our primary researcher and he did  18 all of our -- he pulled all the data for us and  19 did all of our research. So Kevin Brown did  20 primarily all of the research for us until he  21 passed away.  22 Q. When did he pass away?  23 A. He passed away in -- I believe it was  24 December of 2017.  25 Q. Before then, so going back to 2014, '15,</p>	<p style="text-align: right;">Page 93</p> <p>1 THE WITNESS: There were many, many  2 conversations that were beginning to happen  3 community-wide. I mean, so it really was not  4 just in the agency, but we were having community  5 discussions with law enforcement, with our mental  6 health board, with the medical examiner's office,  7 with the courts.  8 So there were many discussions that were  9 beginning to pop up throughout the community as  10 early as 2014 about, you know, what was happening  11 and what we were seeing as a community serving  12 clients with substance use disorder and  13 specifically opioid epidemic.  14 BY MR. ALEXANDER:  15 Q. Including the statewide efforts, task  16 forces, that sort of thing initiated by the  17 governor?  18 A. That's right, yes.  19 Q. Do you remember participating in that or  20 at least seeing the output of some of those  21 statewide efforts back in 2014?  22 A. I don't remember so much about statewide  23 efforts in '14. I -- I do remember some  24 statewide efforts that occurred a little later  25 than that. They were probably in '15 and '16.</p>



<p style="text-align: right;">Page 94</p> <p>1 We have an association that has been very  2 involved from looking at this issue statewide and  3 started really trying to do some tracking of how  4 opiates were impacting our system as a whole  5 statewide has really been an issue statewide and  6 probably nationwide. So they were looking at it  7 from a statewide perspective.  8 There were some things certainly that  9 was going on, I think, you know, throughout other  10 administrations at the state level. The attorney  11 general's office did some work around this issue,  12 as well, I think, in 2016.  13 Q. The organization you're talking about,  14 what was the name of it?  15 A. Public Children's Services Association  16 of Ohio.  17 Q. PCSAO?  18 A. PCSAO. They are the directors  19 association for Children's Services.  20 Q. And you've been involved with them going  21 back to 2013?  22 A. Yes. I have been involved with them  23 long-term. I'm on their board, actually.  24 Q. Okay. So we'll talk about the  25 coordination within counties and states and all</p>	<p style="text-align: right;">Page 96</p> <p>1 Q. We do have some information about STARS.  2 A. Okay.  3 Q. Not to be confused, but there's a whole  4 other thing called START.  5 A. START. We have that as well, yes.  6 Q. So let's go back to -- to where we were.  7 I was asking about initiatives that you started,  8 anything you set in motion back in 2014. Was  9 there anything else that -- that you started or  10 that you know came to pass because of efforts  11 that you took in 2014 in terms of analyses,  12 projects, changes to best practices, anything  13 like that?  14 MS. FLOWERS: Object to the form.  15 THE WITNESS: You know, I'm struggling  16 with the year. I don't -- you know, you're --  17 you're pinning it to 2014, and I don't know that  18 I can separate out what initiatives occurred in  19 '14 versus '15. So I'm not sure I can answer  20 that accurately.  21 BY MR. ALEXANDER:  22 Q. Let me just maybe bracket it. Did your  23 ballot initiative pass last month?  24 A. Our levy?  25 Q. Yes.</p>
<p style="text-align: right;">Page 95</p> <p>1 of those sorts of things over the course of the  2 day. I want to go back to kind of the time frame  3 of where we are.  4 Were there -- were there other efforts,  5 whether it data collection analysis or looking at  6 ways to improve or assess the impact, any other  7 efforts that you initiated within your group back  8 in the 2014 time frame?  9 MS. FLOWERS: Object to the form.  10 THE WITNESS: We were part of a grant,  11 for example. It did not initiate in 2014, but it  12 was certainly ongoing in 2014. We had a federal  13 grant that started in 2012 that is the STARS  14 grant.  15 And if you ask me what that stands for,  16 I won't be able to repeat it. I apologize. It's  17 a very long acronym. But it is related to  18 substance abuse and not specific to opiates, but  19 it is for any type of substance abuse. So that  20 was one of the programs that we had implemented  21 and were continuing to work on throughout 2014  22 until it ended this July.  23 BY MR. ALEXANDER:  24 Q. Okay. We'll go over that.  25 A. Okay.</p>	<p style="text-align: right;">Page 97</p> <p>1 A. Oh. Yes. Our levy passed last month.  2 Q. Okay.  3 A. Yes.  4 Q. And that, itself, was a  5 close-to-two-year process of seeking to get it on  6 the ballot and to try to increase your levy to  7 make sure you have, essentially, the major source  8 of your funding going forward, correct?  9 MS. FLOWERS: Object to the form. Lack  10 of foundation.  11 THE WITNESS: Correct. It's been an  12 ongoing process, actually, for many years.  13 BY MR. ALEXANDER:  14 Q. And there are a lot of moving pieces to  15 all of the budgeting --  16 A. Yes.  17 Q. -- state, federal, private, local  18 levies, correct?  19 A. Yes.  20 Q. They're --  21 MS. FLOWERS: Objection.  22 BY MR. ALEXANDER:  23 Q. So I know that when we talk about  24 budgeting, it can be a long time frame until you  25 actually see that money is coming in through one</p>

<p style="text-align: right;">Page 98</p> <p>1 of these and some of them involve renewals. So I  2 want to go back to where we were.  3 Were there specific, like, budget  4 requests or efforts made to get additional  5 funding that were initiated back in 2014 or 2015  6 as -- as a result of these observations from 2014  7 that you described?  8 MS. FLOWERS: Object to the form.  9 THE WITNESS: Well, if I understand your  10 correct -- your question, I believe 2015 -- no --  11 it was 2016 we did a budget adjustment related to  12 placement because of things that had occurred,  13 really, in the prior year.  14 BY MR. ALEXANDER:  15 Q. Okay. Were there changes to best  16 practices that were initiated within Children's  17 Services as a result of these observations or  18 efforts from 2014?  19 MS. FLOWERS: Object to the form.  20 THE WITNESS: You know, there -- there  21 have been a lot of changes to best practices.  22 Again, I -- you're tying it to a specific time  23 period, so that's where I'm struggling to answer  24 your question. I'm -- I'm trying to answer your  25 question. I just don't really -- you're asking</p>	<p style="text-align: right;">Page 100</p> <p>1 our practice and changing it and trying to react  2 to what we have been seeing.  3 BY MR. ALEXANDER:  4 Q. Okay. So I want to make sure we're on  5 the same page when we're talking about 2014  6 because that's when you said you -- although  7 heroin has always been an issue to some extent,  8 you noticed that there was an uptick of heroin  9 and potentially some other drugs that you're  10 lumping together in the opiate and opioid group.  11 That's what we're talking about for 2014.  12 So back then, was there ever a time when  13 you specifically recall you or your staff  14 identifying an uptick in the use of prescription  15 opioids by people who were actually prescribed  16 the opioid and obtained it legally?  17 MS. FLOWERS: Object to the form.  18 THE WITNESS: I -- we started trying to  19 run some reports in '14. I know Kevin was  20 running some reports, and I don't know how good  21 the data is around type of drug in terms of, you  22 know, type of prescription drug. But there --  23 there definitely were reports that were being  24 looked at as early as 2014.  25 BY MR. ALEXANDER:</p>
<p style="text-align: right;">Page 99</p> <p>1 about specifically how do I tie it to '14, and  2 I'm not sure how to do that.  3 But we have done a lot of things in  4 terms of changing practice over several years  5 that started around 2014. We made a lot of  6 changes to the STARS grant, for example, just in  7 how we implement that. We did a lot of training  8 for our staff around substance use disorder and  9 opiates specifically.  10 We have a unit of staff who handles our  11 substance use disorder cases. We've worked a lot  12 with that unit around, you know, their process,  13 their practices. We've put in place trauma  14 screenings for children because we know that  15 children are very traumatized when they come from  16 homes with any substance use disorder.  17 We have put some screens in place where  18 we do a substance use screening at the beginning  19 of the case on all of our cases. We have put  20 some in-home services in place for families who  21 are struggling to keep children safe in their own  22 home. So we have people who go into the homes to  23 assist and support them. We have a couple  24 different programs that do that.  25 So we've -- we're constantly looking at</p>	<p style="text-align: right;">Page 101</p> <p>1 Q. And you would have received those  2 reports from Kevin Brown back then?  3 A. Some of them, yes.  4 Q. So what I'm going to do is say -- so  5 I've given you kind of one category, which is an  6 impact on Children's Service from people who are  7 taking a prescription opioid that was obtained by  8 them legally through a prescription written for  9 them. Does that make sense as a category?  10 A. Yes. Uh-huh.  11 Q. Okay. And then another category would  12 be people who obtain prescription opioids  13 illegally. They steal it, they take somebody  14 else's, they get it on the street, whatever, but  15 they don't have a legal prescription to obtain it  16 legally and don't obtain it legally. That's a  17 second category. Does that make sense?  18 A. Yes.  19 Q. The third would be somebody who isn't  20 taking a prescription opioid at all, they're  21 taking an opiate: heroin, an illegal street drug  22 like fentanyl analog obtained through the mail  23 from China, completely illegal opiates. Does  24 that make sense as a third category?  25 A. Yes.</p>

<p style="text-align: right;">Page 154</p> <p>1 MS. FLOWERS: This witness doesn't need 2 any coaching, sir. You asked her about the 3 impact on Children's Services. 4 MR. ALEXANDER: Counsel, that's -- 5 MS. FLOWERS: That's what she gave you. 6 MR. ALEXANDER: -- a misrepresentation. 7 BY MR. ALEXANDER: 8 Q. So let's go back. I was asking you 9 about analysis. Has there been an analysis of 10 the impact of deaths related to somebody who died 11 while taking or having recently taken such that 12 it might be detectable an opioid or opiate and 13 that that -- the impact of those deaths on 14 Children's Services? Has there been an analysis? 15 MS. FLOWERS: Objection. Asked and 16 answered. 17 THE WITNESS: Other than the connection 18 that I've made with what I've already said, 19 there's no specific analysis to did the death -- 20 what did the death cost our agency. No. 21 BY MR. ALEXANDER: 22 Q. And you said that it would be hard 23 because you'd need to identify in some form or 24 fashion through, you know, Social Security number 25 or name or something the person who was -- died</p>	<p style="text-align: right;">Page 156</p> <p>1 staff. 2 A. Uh-huh. 3 Q. We have seen some discussion of turnover 4 in some of your documents, including that there's 5 been some efforts to increase hiring over the 6 last year or two. 7 A. Uh-huh. 8 Q. Are you aware of specific analyses of 9 turnover that tie them to issues with opioids, or 10 is that just your impression? Opioids or 11 opiates. I'm sorry. 12 THE WITNESS: I mean, I -- I -- it's 13 certainly more of an impression. We do 14 conversations with staff when they exit or their 15 supervisors have conversations with them when 16 they exit that they will share, generally, about, 17 you know, the reason that the staff left. Which, 18 generally, for our young staff who we -- in the 19 first year or so is related to the stress of the 20 job. 21 BY MR. ALEXANDER: 22 Q. So where would that be memorialized? Is 23 that just an individual kind of exit interview 24 memoranda or some other sort of document? 25 A. I mean, we -- we keep turnover</p>
<p style="text-align: right;">Page 155</p> <p>1 and found to have some sort of drug in their 2 system with the clients in your -- in your 3 system, correct? 4 MS. FLOWERS: Object to the form. 5 THE WITNESS: We can't cross-reference. 6 We know our clients that die, they know the -- 7 all of the people in the community that die, but 8 I can't cross-reference based with their data. 9 BY MR. ALEXANDER: 10 Q. Okay. And so there hasn't been some 11 sort of analysis specifically on financial impact 12 on Children's Services or the clients of 13 Children's Services as a result of deaths 14 associated with opioid or opiate use, correct? 15 A. Not -- 16 MS. FLOWERS: Object to the form. 17 Misstates the testimony. 18 THE WITNESS: Not deaths specifically. 19 BY MR. ALEXANDER: 20 Q. So it's correct, there has not been an 21 analysis like that? 22 MS. FLOWERS: Objection. 23 THE WITNESS: Correct. 24 BY MR. ALEXANDER: 25 Q. Now, you mentioned turnover of your</p>	<p style="text-align: right;">Page 157</p> <p>1 statistics, of course. There are exit documents 2 done, if they do one, but the -- generally, the 3 information is coming directly from a supervisor 4 who's had a conversation with a worker about why 5 they're leaving. 6 Q. So we'll break it up to two parts. 7 Turnover statistics, those are maintained over 8 time, correct? 9 A. Correct. 10 Q. Okay. And we would see those to see if 11 there is some change in turnover in 2016, '17, 12 '18, compared to the years before that. Those 13 stats should all exist and be maintained for 14 historical reference, correct? 15 MS. FLOWERS: Object to the form. 16 THE WITNESS: Well, I don't know if they 17 did turnover documents prior to my being with the 18 agency, so I don't know that. 19 BY MR. ALEXANDER: 20 Q. You mean -- you mean since you came as 21 executive director? 22 A. Right. 23 Q. Okay. So just since you started back up 24 in 2013 to present, there would be turnover 25 statistics for every year?</p>

<p style="text-align: right;">Page 158</p> <p>1 MS. FLOWERS: Objection. Lack of 2 foundation. 3 THE WITNESS: I don't know if there 4 would be for every year. I don't know. 5 BY MR. ALEXANDER: 6 Q. When do you think you started those 7 being maintained? 8 A. I -- I assume that we probably have done 9 them since 2013, but I don't know that we have 10 every year, so I just can't say that. 11 Q. Okay. So for -- in terms of the reason 12 why somebody might leave, whether they say it's 13 stressful because of just the general dealing 14 with children and these sorts of situations is -- 15 is very stressful and very soul wrenching, or 16 whether they have some specific comment about, 17 you know, drug abuse or some other thing, where 18 would that be maintained? Just in individual 19 files, or would it be tracked collectively in 20 some way? 21 MS. FLOWERS: Object to form. 22 THE WITNESS: I don't know that it's 23 tracked anywhere. 24 BY MR. ALEXANDER: 25 Q. Okay. Are there individual exit memos?</p>	<p style="text-align: right;">Page 160</p> <p>1 A. If they did an exit interview, there is 2 an exit interview document, yes. 3 Q. Do you know if there was some attempt to 4 look at exit interview documents for purposes of 5 production in discovery in this case to try to 6 tie it at all to anything about opioids or 7 opiates or drug abuse or substance abuse? 8 MS. FLOWERS: Objection. Asked and 9 answered. 10 THE WITNESS: I don't know. 11 BY MR. ALEXANDER: 12 Q. But those documents should exist, right? 13 MS. FLOWERS: Objection. 14 THE WITNESS: There would be exit 15 interview documents if they did an exit 16 interview, yes. 17 BY MR. ALEXANDER: 18 Q. Okay. And your basis of saying that you 19 think that your turnover has something to do with 20 that -- the heroin abuse makes doing the job 21 harder than it was before there was such a 22 prevalence of heroin abuse that was seen in 2016, 23 is that based on anything in particular? 24 MS. FLOWERS: Object to the form. 25 THE WITNESS: It's not based on the</p>
<p style="text-align: right;">Page 159</p> <p>1 A. There would be -- if someone completed 2 an exit interview, there would be an exit 3 interview for that individual, yes. 4 Q. Are they supposed to do that? 5 MS. FLOWERS: Object to form. 6 THE WITNESS: Well, they ask them if 7 they would like to. 8 BY MR. ALEXANDER: 9 Q. Okay. 10 A. Yes. 11 Q. But what if the supervisor -- if it's 12 relayed orally, do they -- the supervisor who 13 does the exit interview, are they supposed to 14 write down here is what the person said about the 15 reason why they left? 16 A. No. The supervisor doesn't do an exit 17 interview. Our HR department does exit 18 interviews, not a supervisor. 19 Q. Okay. So when the HR personnel does an 20 exit interview and they're told, "I am leaving 21 because I was traumatized by seeing something in 22 the field, a child who overdosed on heroin," or, 23 you know, some other horror that they might 24 experience, is that memorialized in some form or 25 fashion?</p>	<p style="text-align: right;">Page 161</p> <p>1 specific exit interviews, if -- if that's what 2 you mean. It's really based more generally on 3 the population of staff who talk about the stress 4 of dealing with very complex cases. 5 When opiate use is involved, it's -- 6 it's the caseworkers who are talking about 7 their -- their client dying. I had a caseworker 8 who talked about having a client die and then, 9 within 24 hours, the spouse of that client died. 10 So, you know, they talk about the 11 stories and how those negatively impact them. I 12 mean, that caseworker was clearly -- she didn't 13 say, "I'm negatively impacted," and she didn't 14 leave the agency, but she was clearly very 15 distraught. And she was a very experienced 16 worker. 17 So I think, you know -- I believe that 18 these younger workers who don't have that same 19 level of experience when they're dealing with 20 some of these very complex issues, they are 21 really struggling with wanting to do the work. 22 So it is -- I think it has been a factor in 23 losing some of our newer staff in that intake 24 area, yes. 25 BY MR. ALEXANDER:</p>

<p style="text-align: right;">Page 162</p> <p>1 Q. And are there documents that talk about 2 this, other than just your impression about the 3 way it's gone overall? 4 MS. FLOWERS: Object to the form. 5 THE WITNESS: I'm not aware of a 6 document specifically that talks about a specific 7 type of case being the issue why someone left the 8 agency. 9 BY MR. ALEXANDER: 10 Q. You mentioned the term "secondary 11 impact," meaning that the impact on the employees 12 of Children's Services of doing their job and 13 witnessing things that they experience in 14 connection with that, including abuse of children 15 and spouses and neglect of children, all of that 16 sort of thing -- is that what you're talking 17 about for secondary impact? 18 A. Yes. Secondary trauma is, you know, the 19 trauma that the worker or any first responder can 20 experience when they're dealing with traumatic 21 events of the clients or families that they're 22 serving. And trying to process that and deal 23 with that can be very traumatic to that first 24 responder, whether it's our staff or law 25 enforcement or others.</p>	<p style="text-align: right;">Page 164</p> <p>1 relapse is very high. Overdoses are very high. 2 So those have a very traumatic impact on -- on 3 the -- on the staff. 4 And we have really tried to help them 5 with that, do some things, do some trainings for 6 them on secondary trauma. We have an employee 7 assistance program, for example. So some of 8 those kinds of things to help to assist them with 9 that. 10 BY MR. ALEXANDER: 11 Q. And those sorts of issues with secondary 12 impact and the need for training and counseling 13 of your own staff, was that also present before 14 you came back in 2013? 15 A. You know, secondary trauma is not a -- 16 not a new word, certainly. There's always some 17 level of secondary trauma that can occur. I 18 mean, you know, you could have secondary trauma 19 occur if a child on your caseload dies because of 20 abuse or neglect. That's going to have a similar 21 impact for staff members. 22 I think what happened was the frequency 23 of those very traumatic events increased. So, 24 therefore, the secondary trauma became a bigger 25 issue and a bigger problem for us.</p>
<p style="text-align: right;">Page 163</p> <p>1 Q. And do you think that that's had some 2 impact on Children's Services other than in 3 relation to turnover that you've been talking 4 about; that there's been some other kind of 5 downstream effect of more secondary impacts that 6 you attribute to increased heroin abuse peaking 7 in, like, 2016? 8 MS. FLOWERS: Objection to the form. 9 THE WITNESS: I think there's been a 10 tremendous impact on the entire workforce related 11 to the opiate epidemic. I have personally talked 12 to supervisors and staff who have experienced 13 very significant trauma when they've lost a child 14 who may have, you know, got into a parents' drugs 15 and overdosed. Some of them -- we've had some 16 die. We've had parents who've died. We have 17 parents who relapse. 18 So it's very hard on a worker if you're 19 working with a case and the family is doing well 20 and you're close to feeling like you can be able 21 to send this child back to live with their 22 family, and then the parent relapses, and they're 23 unable to make that reunification. There's a 24 sense of failure that goes with that when someone 25 fails or someone dies or someone is harmed. And</p>	<p style="text-align: right;">Page 165</p> <p>1 Q. And -- and is that the sort of thing 2 where we see a similar trend to what we've seen 3 in the past where there are times when there's 4 more secondary trauma, like during the 5 methamphetamine epidemic or the cocaine epidemic 6 or during other times when things might be 7 particularly bad in terms of other drivers of 8 Children's Services needs? 9 MS. FLOWERS: Objection to the form. 10 THE WITNESS: I don't recall, when 11 cocaine was an issue and meth was an issue, that 12 we had the same level of overdoses and deaths 13 that were occurring. They were -- they were 14 substantially different. 15 BY MR. ALEXANDER: 16 Q. I'm asking about the secondary impact. 17 So I -- it's probably hard to measure secondary 18 impact over time. 19 You said that your impression is that 20 there was a time period where there was more 21 secondary impact during kind of the height of the 22 heroin epidemic in Summit County in 2016. Am I 23 right so far? 24 MS. FLOWERS: Objection. 25 THE WITNESS: I'm not sure -- I'm not</p>



<p style="text-align: right;">Page 166</p> <p>1 sure that's what I said, so I can try to repeat  2 it if you want. But I think that we have seen a  3 higher level of secondary -- a more -- a higher  4 frequency of secondary trauma to our staff as a  5 result of the opiate epidemic.  6 BY MR. ALEXANDER:  7 Q. And has there been some metric that you  8 use for that in terms of productivity? Time off?  9 Anything other than turnover rate to measure the  10 increased frequency of secondary impact related  11 to heroin abuse?  12 A. I don't know that there's a measure  13 other than really just processing with staff kind  14 of where they are and what they're struggling  15 with.  16 I think turnover's probably a very minor  17 part of it, really. It's -- we have seen a  18 higher turnover. I don't think that's the  19 biggest issue.  20 I think the bigger issue is really  21 making sure that people are -- people are okay to  22 be able to do the job and that their needs are  23 being met. And there's no measure for that.  24 There's not a test that we give them that says,  25 "Are you stressed?" We don't force those kinds</p>	<p style="text-align: right;">Page 168</p> <p>1 and have been aware that it is an issue.  2 If someone has a child die, that's  3 clearly going to cause some secondary trauma for  4 them. And children have died. Caseloads have,  5 you know -- parents have died. But what we've  6 seen is an increase in the frequency of that as a  7 result of the opiate epidemic.  8 BY MR. ALEXANDER:  9 Q. So are there any documents or types of  10 documents that you could point to where this has  11 been discussed or analyzed over time to look at  12 increased death of children or parents using  13 children's services and how that might have an  14 effect on employee well-being, this sort of  15 secondary impact?  16 MS. FLOWERS: Object to the form. Asked  17 and answered.  18 THE WITNESS: Again, I don't think -- we  19 don't have any documents that we fill out related  20 to that unless there's some specific incident in  21 the case file. There's nothing that documents  22 secondary trauma. It's a real issue, but it's  23 not analyzed and documented in a spreadsheet.  24 BY MR. ALEXANDER:  25 Q. Is it also an issue that's increasingly</p>
<p style="text-align: right;">Page 167</p> <p>1 of things on staff.  2 But we know when we hear them or see  3 them crying in their office that they're  4 experiencing stress. So we have to sit down with  5 them and say, "What is the issue that you're  6 experiencing? Why are you crying in your  7 office?" And it is generally about their case  8 having some sort of a trauma -- traumatic issue  9 that has caused them some harm and pain.  10 Q. And you're not saying all of the trauma  11 is because of heroin, are you?  12 MS. FLOWERS: Objection.  13 THE WITNESS: No. I didn't -- I didn't  14 say that.  15 BY MR. ALEXANDER:  16 Q. And there are reasons other than drug  17 abuse that might lead to changes in how -- kind  18 of how bad it is, how often you're seeing  19 secondary impacts, right?  20 MS. FLOWERS: Object to the form.  21 THE WITNESS: I haven't seen trends. I  22 -- I think you did ask me that. I haven't seen  23 trends where we've seen increase in secondary  24 trauma until more recently with the opiate  25 epidemic. I have always seen secondary trauma</p>	<p style="text-align: right;">Page 169</p> <p>1 the subject of awareness within the field of  2 professionals who do children's services?  3 MS. FLOWERS: Object to the form.  4 THE WITNESS: Could you say that again?  5 BY MR. ALEXANDER:  6 Q. Sure. Is there increasing awareness  7 about secondary impact and secondary trauma  8 within children's services?  9 A. I believe there is, yes.  10 Q. All right. I mean, more broadly, like,  11 within health care professionals, there's more  12 attention now than there was 20 years ago to the  13 impacts on the mental well-being and maybe even  14 the functioning of health care workers by what  15 they experience in their job, correct?  16 A. I -- can you -- you're going to have to  17 repeat that for me.  18 Q. Sure.  19 A. Sorry.  20 Q. It's probably not necessary. Why don't  21 we just go on.  22 In terms of the secondary impact and  23 this issue of tying it to the deaths of children  24 or adults who interact with Children's Services,  25 you mentioned something about case files.</p>



<p style="text-align: right;">Page 274</p> <p>1 If I can hand that to you to put with</p> <p>2 it. That too. Let me give you -- if you don't</p> <p>3 mind -- I'm sorry. I just have to give you</p> <p>4 that --</p> <p>5 A. Okay. Uh-huh.</p> <p>6 Q. -- so that those going together.</p> <p>7 A. All right.</p> <p>8 Q. Do you see your name on the top of the</p> <p>9 e-mail September 15th, 2017, sent to Katerina</p> <p>10 Papas?</p> <p>11 A. Yes, I do.</p> <p>12 Q. Okay. And do you recall the attachments</p> <p>13 to this e-mail?</p> <p>14 A. "The attachments" meaning the letter to</p> <p>15 the president?</p> <p>16 Q. Yeah. And then there's a -- so</p> <p>17 there's a -- there's a short version of a letter.</p> <p>18 A. Okay. Uh-huh.</p> <p>19 Q. And then there's a long version where</p> <p>20 your name is ended at the end --</p> <p>21 A. Yes.</p> <p>22 Q. -- your name is added with a whole bunch</p> <p>23 of other folks.</p> <p>24 A. I see that, yes.</p> <p>25 Q. It looks like the letter is pretty much</p>	<p style="text-align: right;">Page 276</p> <p>1 Yes, that's it.</p> <p>2 Q. You were close.</p> <p>3 So at the bottom of this, it says, "I</p> <p>4 will submit the letter with all authorized</p> <p>5 signatures, and will also post the letter on the</p> <p>6 Opiate Task Force Website." And it gives a -- a</p> <p>7 website address for that.</p> <p>8 Do you see that?</p> <p>9 A. I do.</p> <p>10 Q. And by this time, were you participating</p> <p>11 in the Opiate Task Force?</p> <p>12 A. I always -- I -- I don't generally go to</p> <p>13 the Opiate Task Force meetings. I've been to</p> <p>14 probably a few. But I am always aware of what</p> <p>15 they're doing. I get their e-mails. I get their</p> <p>16 newsletter, stuff like that, so yes.</p> <p>17 Q. And do you maintain those documents as</p> <p>18 part of your business records?</p> <p>19 A. Not necessarily unless I need them for</p> <p>20 something.</p> <p>21 Q. But are you participating with the task</p> <p>22 force in an official capacity or personal</p> <p>23 capacity?</p> <p>24 A. I don't really participate in the task</p> <p>25 force. I don't regularly attend those meetings.</p>
<p style="text-align: right;">Page 275</p> <p>1 the same, though.</p> <p>2 A. Yes.</p> <p>3 Q. So your letter to Ms. Papas asks her "Do</p> <p>4 you see any reason I could not sign this on</p> <p>5 behalf of the agency. If I thought it was at all</p> <p>6 controversial, I would want board approval, but I</p> <p>7 cannot imagine the board would not agree. What</p> <p>8 do you think?"</p> <p>9 Do you see that?</p> <p>10 A. I do.</p> <p>11 Q. Do you know what her response was?</p> <p>12 A. Well, obviously, that's not here, but I</p> <p>13 believe she agreed with me that this was an</p> <p>14 appropriate thing to sign and did not need board</p> <p>15 approval because I don't believe we did take that</p> <p>16 to the board, is my recollection.</p> <p>17 Q. And at the bottom of the cover e-mail</p> <p>18 from Darlene Migas of ADM board -- that's the</p> <p>19 Alcohol, Drug Addiction &amp; Mental Health Services</p> <p>20 Board of Summit County.</p> <p>21 Do you see that?</p> <p>22 A. I do.</p> <p>23 Q. We were talking about that acronym</p> <p>24 earlier, right?</p> <p>25 A. Right. And I couldn't come up with it.</p>	<p style="text-align: right;">Page 277</p> <p>1 Q. When you've gone to the meetings or when</p> <p>2 you get stuff sent to you, is it because you are</p> <p>3 the executive director of Summit County</p> <p>4 Children's Services or because of a personal</p> <p>5 interest outside of your work position?</p> <p>6 A. It's because of my role as the executive</p> <p>7 director of Summit County Children's Services.</p> <p>8 Q. So I -- I won't belabor it, but what --</p> <p>9 what was the gist, from your perspective, of what</p> <p>10 you wanted the federal government to do here in</p> <p>11 September of 2017 to help alleviate the effects</p> <p>12 of what's described as the opiate epidemic?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: Well, according to the</p> <p>15 letter, we were asking that they would -- the</p> <p>16 president would declare a public health emergency</p> <p>17 with the goal, ultimately, of having some funds</p> <p>18 to help with the opiate epidemic.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. And we talked about how you had been</p> <p>21 aware for a while that, from your perspective,</p> <p>22 the state funding for Summit County Children's</p> <p>23 Services was not sufficient from your</p> <p>24 perspective, and that you thought that increased</p> <p>25 funding would have been helpful to address the</p>

70 (Pages 274 - 277)

<p style="text-align: right;">Page 278</p> <p>1 impact of heroin abuse and other aspects of  2 what's been described as the opiate epidemic. Do  3 you remember that?  4 A. Yes.  5 MS. FLOWERS: Objection.  6 THE WITNESS: Uh-huh.  7 BY MR. ALEXANDER:  8 Q. Did you have a similar view about  9 federal government funding or involvement, that  10 more could have been done before September of  11 2017 to help nip this in the bud or limit the  12 effects on the children that were your clients?  13 A. Generally, I would say yes. But I --  14 you know, I'm probably not the right person to  15 ask that because we don't -- this funding doesn't  16 come through us. So, you know, I was really much  17 more focused on our state funding, and that had a  18 direct impact on us.  19 My involvement when the -- with this  20 would be more from a community perspective around  21 making sure that those services that clients need  22 are available in the community, so . . .  23 Q. So I'm asking about your perspective  24 because, you know, we know what your position is,  25 we have some documents from you that you have</p>	<p style="text-align: right;">Page 280</p> <p>1 although we, again, don't necessarily get federal  2 money. I think this -- this is a good example.  3 They -- eventually, there was some money  4 for the Cures Act, is my understanding --  5 Q. For --  6 A. -- that went to the mental health  7 boards.  8 Q. Did you say Cares Act?  9 A. Cures.  10 Q. Cures Act.  11 A. Uh-huh.  12 Q. When did you start getting that money?  13 A. We didn't. I -- I -- I believe that  14 went to mental health boards.  15 Q. Has there been any increase in funding  16 that's focused on addressing effects of heroin  17 abuse or opiate abuse that's come from federal  18 sources that you've actually received since you  19 became executive director?  20 A. Not -- not to our agency, no.  21 Q. What about more generally in terms of  22 funding that's focused on addressing substance  23 abuse? Has there been any new money that's come  24 to your agency at all since you became executive  25 director in 2013?</p>
<p style="text-align: right;">Page 279</p> <p>1 a -- kind of a role in this because the entity  2 that you oversee is part of what the plaintiffs  3 in this case are seeking damages for.  4 So I'm -- I'm asking you, from your  5 perspective, whether this was your job or not.  6 What is it you think the federal government  7 should have been doing more in terms of funding  8 or other initiatives to help make things better  9 for the children you believe were affected by  10 heroin abuse and other aspects of the opioid or  11 opiate epidemic?  12 MS. FLOWERS: Object to the form.  13 THE WITNESS: I think they needed to do  14 more and provide more funding to get the right  15 services out there, to fund the appropriate  16 organizations adequately. Yes, I think they  17 needed to do more as well.  18 BY MR. ALEXANDER:  19 Q. What do you mean "fund the appropriate  20 organizations" or fund them appropriately?  21 A. Whether that would be through Health &amp;  22 Human Services, through those organizations that  23 would through push funding down to the states.  24 Whether that be through mental health boards,  25 through the Office of Children and Families,</p>	<p style="text-align: right;">Page 281</p> <p>1 MS. FLOWERS: Object to the form.  2 THE WITNESS: Not specifically unless it  3 was a grant, you know. So, for example, the  4 START grant that we applied for, we'll get some  5 money for that. The STARS grant was a federal  6 grant that was already in place, as you know.  7 So, no, I'm not aware of anything.  8 BY MR. ALEXANDER:  9 Q. Okay. Do you wish there had been?  10 A. Sure. Yes.  11 Q. Is there something in particular other  12 than just more money would have been better to  13 hire more staff and do more training and have  14 more programs?  15 A. There's a whole lot of things that I  16 would be able to use money for if I had  17 additional money. Yeah.  18 Q. Have you committed that list, kind of  19 the wish list of what would help, to writing?  20 A. Sure. Not to writing, no, but I've got  21 it.  22 Q. You have it in your head?  23 A. Uh-huh.  24 Q. I don't know if it would take the rest  25 of our time, but can you give me your wish list?</p>

<p style="text-align: right;">Page 282</p> <p>1 A. Well, I could give you the short one.</p> <p>2 Q. Sure. Right.</p> <p>3 A. But, you know, I think, you know, we</p> <p>4 need additional funds, obviously, to staff</p> <p>5 appropriately. Our cases are too complex for the</p> <p>6 caseloads that we currently have, so staffing</p> <p>7 would be probably first and foremost.</p> <p>8 But I also think we need to have more</p> <p>9 foster homes, so we would need more money for</p> <p>10 recruitment, which is very, very costly.</p> <p>11 We would need additional dollars to</p> <p>12 really support our staff internally. I would</p> <p>13 love to have a clinical person on staff that they</p> <p>14 could talk to about their case, to staff their</p> <p>15 cases. I would also like someone to deal with</p> <p>16 their secondary trauma issues in-house. I think</p> <p>17 that would be very helpful if they had someone</p> <p>18 that they could process those things with outside</p> <p>19 of our EOP program, which is not sufficient.</p> <p>20 Some additional training for them.</p> <p>21 But, really, a lot of resources for our</p> <p>22 clients would be very, very helpful. We have a</p> <p>23 significant number of families who are placed</p> <p>24 with the kinship, relatives or nonblood-related</p> <p>25 people. Those people struggle very much with the</p>	<p style="text-align: right;">Page 284</p> <p>1 I think that the sooner we can address</p> <p>2 the childhood trauma for children, the better off</p> <p>3 we're going to be because that is a long-term</p> <p>4 issue for those children. It's a long-term</p> <p>5 resource issue that is an unknown factor at this</p> <p>6 point.</p> <p>7 So that's a few.</p> <p>8 Q. Is that the short list?</p> <p>9 A. That's the short list.</p> <p>10 Q. Have you proposed that to anybody of</p> <p>11 saying, "Here are the things I would like"?</p> <p>12 A. No, not particularly. I mean, there are</p> <p>13 certain pieces of that that I have proposed and</p> <p>14 had discussions with my board, but not all of</p> <p>15 those because I think that they are not a</p> <p>16 reality; at least, they have not been. So I</p> <p>17 think, you know, now that we have our levy</p> <p>18 passed, we will look at, you know, pieces and</p> <p>19 parts of that and what are the most critical.</p> <p>20 I certainly could not afford to do all</p> <p>21 of those with the levy increase that we have, but</p> <p>22 I think that we will try to implement a few</p> <p>23 things, particularly the resources for kinship</p> <p>24 families, because I think that's very critical,</p> <p>25 and really looking at our recruitment of foster</p>
<p style="text-align: right;">Page 283</p> <p>1 resources to take care of children. Child care</p> <p>2 is a very substantial issue for them. They don't</p> <p>3 have enough money when they take a child into</p> <p>4 their home to pay the child care costs that go</p> <p>5 along with that. We pay a lot of that for them,</p> <p>6 but that is limited to some extent on how much of</p> <p>7 that we can do.</p> <p>8 So I would love to see some additional</p> <p>9 support. I would love to have staff who really</p> <p>10 are focused very much on the kinship family and</p> <p>11 they're able to be a support person attached to</p> <p>12 every kinship provider, but we do not have</p> <p>13 resources to do that and have not been able to</p> <p>14 provide that service.</p> <p>15 I have -- I would love to have a trauma</p> <p>16 expert on staff. I guess that would be probably</p> <p>17 another one. Our children are very, very</p> <p>18 traumatized by removal from the home, some of the</p> <p>19 things they've seen in the home. We know that</p> <p>20 childhood trauma has a very, very long-term,</p> <p>21 negative impact on children. And I am extremely</p> <p>22 worried about what we don't know yet about what's</p> <p>23 going to happen with the children who have been</p> <p>24 traumatized by what's happened to them in their</p> <p>25 homes.</p>	<p style="text-align: right;">Page 285</p> <p>1 homes and increasing the staff to some extent.</p> <p>2 Q. Do you have a price tag for any or all</p> <p>3 of those measures?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. How much it would cost to do them?</p> <p>7 A. Oh.</p> <p>8 MS. FLOWERS: Same objection.</p> <p>9 THE WITNESS: I -- I have not done a</p> <p>10 financial analysis on how much each of those</p> <p>11 things would cost, so no.</p> <p>12 - - -</p> <p>13 Thereupon, Exhibit 4 was marked for</p> <p>14 purposes of identification.</p> <p>15 - - -</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. Okay. I think this will not take long.</p> <p>18 I have Exhibit 4 for you, which is a two-page</p> <p>19 e-mail, SUMMIT_001911463 through -464. And</p> <p>20 there's a copy for plaintiffs' counsel.</p> <p>21 And if we -- we start at the back of</p> <p>22 this, the e-mail chain starts July 5th, 2017.</p> <p>23 A. Okay.</p> <p>24 Q. So, essentially, two months before the</p> <p>25 one we were just looking at that was the letter</p>

<p style="text-align: right;">Page 286</p> <p>1 to President Trump.</p> <p>2 A. Okay.</p> <p>3 Q. Do you see that?</p> <p>4 A. Uh-huh.</p> <p>5 Q. Okay. And the subject is an "Opioid</p> <p>6 Survey." Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. And we've -- we've talked about whether</p> <p>9 certain data was generated in connection with</p> <p>10 opioid surveys that PCSAO was requesting at</p> <p>11 different points in time. You remember that</p> <p>12 discussion?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. So first e-mail is from Amy</p> <p>15 Davidson to Brady Stewart, copying -- copying</p> <p>16 Elizabeth Mangon.</p> <p>17 And we talked about Ms. Davidson,</p> <p>18 correct?</p> <p>19 A. Correct.</p> <p>20 Q. And who is Brady Stewart and who is</p> <p>21 Elizabeth Mangon?</p> <p>22 A. Brady Stewart is in our quality</p> <p>23 improvement department. He is primarily our</p> <p>24 SACWIS person. And he -- so he runs reports for</p> <p>25 us and those kinds of things that come out of our</p>	<p style="text-align: right;">Page 288</p> <p>1 out of however many cases there were with a</p> <p>2 removal in place, there were 466 that had</p> <p>3 something about substance use as a concern or</p> <p>4 risk contributor, correct?</p> <p>5 A. Correct.</p> <p>6 Q. Okay. It said, "For those cases, I</p> <p>7 wrote code to programatically pull the Drug Type</p> <p>8 ('drug choice') from both the linked intakes and</p> <p>9 parental Characteristics. Out of 242 cases, we</p> <p>10 had to physically look at 41 cases to find a</p> <p>11 documented drug type."</p> <p>12 Do you know what he means by that?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: I'm not sure what he means</p> <p>15 by that, no.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. Does that suggest an issue with the data</p> <p>18 that's in SACWIS of needing to go physically look</p> <p>19 at case files?</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 THE WITNESS: I -- I -- I guess that</p> <p>22 what he means is that when he looked at the</p> <p>23 parental characteristics, he did not see it</p> <p>24 there. So he looked into those 41 cases because</p> <p>25 he knew there was a substance abuse issue, but it</p>
<p style="text-align: right;">Page 287</p> <p>1 quality improvement department.</p> <p>2 Liz Mangon is the director of the</p> <p>3 quality improvement department.</p> <p>4 Q. So I gave her a French pronunciation to</p> <p>5 her last name. It's just "Mangon"?</p> <p>6 A. "Mangon."</p> <p>7 Q. Okay. All right. So, ultimately,</p> <p>8 Mr. Stewart writes back to Ms. Davidson later</p> <p>9 that morning, sends her a spreadsheet about 466</p> <p>10 removals in 2016 where there was a reunification</p> <p>11 case plan that had substance use documented as a</p> <p>12 concern/risk contributor. Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. It's the bottom of the first page.</p> <p>15 A. Bottom of the first page. Uh-huh. Yes.</p> <p>16 Q. Okay. And is that tied to what we were</p> <p>17 talking about earlier in terms of looking at</p> <p>18 people who had a -- a plan in place that</p> <p>19 identified substance use?</p> <p>20 A. Right. Yes. Uh-huh.</p> <p>21 Q. And do you know if this was done in</p> <p>22 connection with responding to a PCSAO opioid</p> <p>23 survey?</p> <p>24 A. I believe that's what this is for, yes.</p> <p>25 Q. So it continues, "For those cases" -- so</p>	<p style="text-align: right;">Page 289</p> <p>1 wasn't identified.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. When you say "looked into," means looked</p> <p>4 at the --</p> <p>5 A. He looked --</p> <p>6 Q. -- actual file, case file?</p> <p>7 A. -- at the actual file then.</p> <p>8 Q. So in 2017, after the various efforts to</p> <p>9 upgrade, make more robust the data that's in</p> <p>10 SACWIS, there's still issues where the specific</p> <p>11 drug is not specified for some portion of the</p> <p>12 cases, correct?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: I -- I don't -- I don't</p> <p>15 know.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. I mean, it says that, basically,</p> <p>18 one-sixth of the cases they identified didn't</p> <p>19 have the drug specified without going back to the</p> <p>20 case file?</p> <p>21 A. Right.</p> <p>22 MS. FLOWERS: Objection to the form.</p> <p>23 THE WITNESS: It wasn't -- sorry. It</p> <p>24 wasn't specified in that place in the record is</p> <p>25 what I'm interpreting this to mean, but I -- I</p>

<p style="text-align: right;">Page 366</p> <p>1 talk about individual names, which is why it's a 2 little vague. 3 Does that make sense? 4 A. Sure. Yes. 5 Q. So in terms of -- 6 A. Appreciate that. 7 Q. -- any of the accounts that have 8 appeared in the press talking about problems with 9 drug exposure of children and the possible role 10 of Summit County Children's Services, you're not 11 critical of the performance of your group, 12 correct? 13 A. No, I'm not. 14 MR. ALEXANDER: Okay. Why don't we take 15 a break, and we'll see whether I have additional 16 questioning or -- 17 THE WITNESS: Okay. 18 MR. ALEXANDER: -- anybody else does. 19 THE WITNESS: Okay. 20 THE VIDEOGRAPHER: Off the record at 21 4:51 p.m. 22 (Recess taken.) 23 THE VIDEOGRAPHER: Back on the record at 24 5:09 p.m. 25 BY MR. ALEXANDER:</p>	<p style="text-align: right;">Page 368</p> <p>1 A. I -- I really don't. 2 Q. Same questions for Cardinal Health. Do 3 you know anything about them? 4 A. Nothing specific. 5 Q. Do you know anything about what they 6 have to do with the distribution of prescription 7 opioids to Summit County? 8 A. Not specifically. 9 Q. Do you know anything about their role in 10 this case at all? 11 A. Not specifically. 12 Q. Do you have any personal knowledge of 13 anything that McKesson ever did or didn't do with 14 regard to prescription opioids? 15 A. Not specifically. 16 Q. Do you have any knowledge of anything 17 about McKesson in terms of their role in this 18 case? 19 MS. FLOWERS: Objection. Asked and 20 answered. 21 THE WITNESS: Not specifically. 22 BY MR. ALEXANDER: 23 Q. For any of the distributors, any 24 distributors large and small, any company that 25 ever distributed prescription opioids that they</p>
<p style="text-align: right;">Page 367</p> <p>1 Q. Is there any of your testimony thus far 2 you need to change or supplement or -- in any 3 way? 4 A. I don't believe so. 5 Q. I'm going to reiterate my position 6 relating to document production, and then I've 7 just got a handful of questions, and then pass 8 you on to the codefendants for their questioning 9 subject to our reservations about documents and 10 some of the other issues that have come up. 11 Now, at the start of this, I asked you 12 about allegations in the case relating to various 13 defendants including the defendants I referred to 14 as the distributors. Remember those questions? 15 A. Yes. 16 Q. Okay. Do you know, based on your own 17 personal knowledge, any facts at all relating to 18 AmerisourceBergen Drug Corporation? 19 A. No, I don't. 20 Q. Do you know who they are? Do you know 21 what they do? Do you know anything about them? 22 A. Not really, no. 23 Q. Do you know what, if anything, they have 24 to do with the distribution of prescription 25 opioids to Summit County?</p>	<p style="text-align: right;">Page 369</p> <p>1 didn't manufacture or dispense in a retail 2 fashion, the distributors, do you know anything 3 about any of them in regards to anything about 4 this case? 5 MS. FLOWERS: Object to the form. 6 THE WITNESS: Not specifically. 7 BY MR. ALEXANDER: 8 Q. Okay. Do you intend to gain information 9 about any of the distributors to be able to offer 10 any testimony specific to them or to the 11 distributors as a whole? 12 MS. FLOWERS: Objection. Calls for 13 speculation. 14 THE WITNESS: Not unless I need to, no. 15 BY MR. ALEXANDER: 16 Q. Do -- do you -- I -- I know that there 17 may be things that come up and conversations you 18 have with lawyers and all sorts of stuff, but 19 you, to, like, do your job in Summit County 20 Children's Services, do you intend to gain any 21 information to be able to testify about anything 22 relating to anything a distributor ever did or 23 didn't do? 24 MS. FLOWERS: Object to the form. 25 THE WITNESS: I don't really think that</p>



<p style="text-align: right;">Page 370</p> <p>1 has anything to do with me doing my job. I'm --</p> <p>2 I'm really here to talk about how this impacts my</p> <p>3 system, so I -- no, really, I -- I don't.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. And subject to the documents that we</p> <p>6 have, I've tried to be thorough in asking you</p> <p>7 about everything you know and can say and can't</p> <p>8 say relating to the impact on your job and your</p> <p>9 department of what you understand to be related</p> <p>10 to heroin abuse, opiate abuse, and opioid abuse.</p> <p>11 Do you have anything else to add on any</p> <p>12 of those subjects that we haven't already</p> <p>13 covered?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 THE WITNESS: No. I mean, I guess the</p> <p>16 only other thing that I would really add is --</p> <p>17 since you're just opening the door for me to say</p> <p>18 whatever I want, I guess -- I -- I feel like, you</p> <p>19 know, we're really trying to pin this down to</p> <p>20 data and numbers very specifically, and that's</p> <p>21 kind of been what this is about.</p> <p>22 And I really do believe that, you know,</p> <p>23 my 28 years of experience in working in child</p> <p>24 welfare and watching what has happened to</p> <p>25 children and families is a really big piece of</p>	<p style="text-align: right;">Page 372</p> <p>1 your questions have been very data driven and</p> <p>2 document driven, but there is more to the story</p> <p>3 than the data and documents and statistics.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Well, I've asked you a number of times</p> <p>6 if you had specific experiences with patients or</p> <p>7 with facts relating to what you believe was</p> <p>8 illustrative of the impact of the heroin epidemic</p> <p>9 or opiate crisis, however it's been characterized</p> <p>10 at different points in time, on Cuyahoga -- on</p> <p>11 Summit County Children's Services.</p> <p>12 Do you have any examples like that? Do</p> <p>13 you have specific instances you can talk about?</p> <p>14 MS. FLOWERS: Object to the form of the</p> <p>15 question. Asked and answered; lack of</p> <p>16 foundation.</p> <p>17 THE WITNESS: I mean, I have many</p> <p>18 examples of, you know, very specific situations</p> <p>19 where I know that children have been harmed. I</p> <p>20 know that parents have died. I know that parents</p> <p>21 have overdosed frequently. I know that my</p> <p>22 caseworkers have struggled with, you know,</p> <p>23 telling a child that their parent is deceased.</p> <p>24 Removing a child from a home because</p> <p>25 their parents have addiction issues and the</p>
<p style="text-align: right;">Page 371</p> <p>1 how we analyze what we do and what's impacting</p> <p>2 our system.</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. And observations that you've had over</p> <p>5 the last, let's say, 12 years going back to 2006,</p> <p>6 including the time when you had your prior</p> <p>7 position with Summit County, any observations you</p> <p>8 had about what you believe was the impact of</p> <p>9 opioid use, opiate use, heroin, or any other drug</p> <p>10 of abuse would be memorialized in documents that</p> <p>11 you created at the time, correct?</p> <p>12 MS. FLOWERS: Object to the form. Lack</p> <p>13 of foundation.</p> <p>14 THE WITNESS: Not necessarily. Again,</p> <p>15 I -- I think this -- you know, it isn't always</p> <p>16 about documents and data. It's really, you know,</p> <p>17 a -- about what I've observed, what I've</p> <p>18 witnessed, what I've seen in years of experience,</p> <p>19 what I've heard from my staff, what I see in my</p> <p>20 caseworkers, the conversations that I have, not</p> <p>21 only in the community but with my staff,</p> <p>22 specifically about what they're saying, what</p> <p>23 they're dealing with every day.</p> <p>24 And I don't feel like we had any of</p> <p>25 those conversations, which I understand. I mean,</p>	<p style="text-align: right;">Page 373</p> <p>1 trauma of removal alone is -- is a significant</p> <p>2 trauma for children.</p> <p>3 So, yeah, there's -- there's -- there's</p> <p>4 endless examples of those kinds of scenarios that</p> <p>5 go into my analysis and my reaction to how I</p> <p>6 responded to this issue.</p> <p>7 MR. ALEXANDER: Okay.</p> <p>8 MS. NADEL: Not to interrupt, but</p> <p>9 someone on the phone can't hear. Do we know if</p> <p>10 there's an issue with the audio? I just got an</p> <p>11 e-mail that somebody can't hear.</p> <p>12 MR. ALEXANDER: Don't know.</p> <p>13 MS. NADEL: Is it on mute?</p> <p>14 MR. ALEXANDER: It doesn't light up or</p> <p>15 not light up when you push it. So I -- I don't</p> <p>16 think this is a good time to interrupt.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. The examples you just referenced in the</p> <p>19 abstract, can you say that any of them involved</p> <p>20 people who were using prescription opioids</p> <p>21 pursuant to prescription written for them at the</p> <p>22 time the various adverse health consequences or</p> <p>23 impact on the children occurred?</p> <p>24 A. Well, I mean, I think, as I stated</p> <p>25 earlier, I don't specifically know -- you know,</p>



<p style="text-align: right;">Page 374</p> <p>1 I'm talking about opioids generally, and not 2 breaking it down to specific types. 3 You know, have there been cases where 4 I've known the type of drug? Absolutely. Was it 5 heroin or was it -- but, generally, we're looking 6 at it in, you know, the totality of the opioid 7 epidemic. 8 Q. Okay. So sitting here today, when you 9 think about examples of these sorts of human 10 impacts of heroin abuse and opiate abuse, you 11 can't say that any of them involved somebody who 12 was actually taking a prescription opioid 13 pursuant to a prescription written for them at 14 the time of the events that you're talking about, 15 correct? 16 MS. FLOWERS: Objection. Asked and 17 answered -- asked and answered; mischaracterizes 18 the witness's testimony. 19 THE WITNESS: Again, I -- I don't 20 necessarily know the type of drug or what drug 21 they started with, so I wouldn't necessarily have 22 that. 23 I -- I am aware that it is -- it is 24 different types of drugs. So it could be 25 prescription drugs. We do have cases where we</p>	<p style="text-align: right;">Page 376</p> <p>1 for a very high percentage of people. 2 BY MR. ALEXANDER: 3 Q. So in response to my last question, the 4 answer is: No. As I sit here today, I can't 5 tell you that any of these specific cases 6 involved somebody who started with a prescription 7 opioid written for them and then went on to 8 illegal heroin, correct? 9 MS. FLOWERS: Objection. Argumentative; 10 misstates the witness's testimony. 11 THE WITNESS: I can't specifically give 12 you a case example of that myself, no. 13 BY MR. ALEXANDER: 14 Q. So when you've talked about that you can 15 identify cases where somebody was taking a 16 prescription opioid or where you know specific 17 cases that were -- you know which drug they were 18 taking in specific cases, how would we look at 19 those case files? How would we be able to 20 evaluate those case files or those case records 21 on SACWIS or some other case file to look at the 22 facts and figure out for ourselves if it supports 23 your recollection? 24 MS. FLOWERS: Object to the form. 25 THE WITNESS: I don't think you would,</p>
<p style="text-align: right;">Page 375</p> <p>1 know it's prescription drugs. I might 2 necessarily not have that information. 3 When I have conversations with my staff, 4 when we have conversations in the community, we 5 talk about opioids generally. We don't get into 6 the specifics of that. So I really can't break 7 that down for you. 8 BY MR. ALEXANDER: 9 Q. Okay. So, again, I have another 10 specific focus question about the cases that 11 you're talking about. Can you say that any of 12 those people, where they were using some illegal 13 drug like heroin later, that any of them actually 14 started with a prescription opioid written for 15 them and taken by them pursuant to a 16 prescription? 17 MS. FLOWERS: Objection. Asked and 18 answered. 19 THE WITNESS: I think, you know, my 20 answer earlier was I don't think necessarily we 21 track that. Do my staff know that? Perhaps. I 22 wouldn't know that. 23 You know, I'm kind of, again, generally 24 applying what we know statistically occurs around 25 heroin, having started with prescription drugs</p>	<p style="text-align: right;">Page 377</p> <p>1 frankly, because the information in the case 2 records is confidential and protected in a number 3 of ways. So I -- we wouldn't provide 4 case-specific information to -- on that. 5 BY MR. ALEXANDER: 6 Q. Right. So in federal court like this, 7 where we have discovery, if you want to talk 8 about something that you say occurred and you say 9 the underlying facts of it are confidential, that 10 potentially creates an issue. 11 So I want to make sure that I've 12 explored this adequately so that if we have to 13 file motions and follow-up with the court, we can 14 do so. 15 You believe that any examples that you 16 have in your head of actual cases that you've 17 heard about or you've been involved in where 18 there was something that -- bad happened, like 19 a -- a child observing a parent dying or some 20 other bad situation that you would say is an 21 example of the impact of opioids or opiates or 22 heroin on Children's Services would require 23 evaluating confidential information on cases that 24 you could identify but wouldn't be willing to 25 because, from your perspective, it would be a</p>

<p style="text-align: right;">Page 378</p> <p>1 breach of confidentiality; is that correct?</p> <p>2 MS. FLOWERS: Object to the monologue</p> <p>3 and to the characterization of the witness's</p> <p>4 testimony and the form and lack of foundation.</p> <p>5 THE WITNESS: Well, let me clarify.</p> <p>6 I -- I don't have examples for you that are</p> <p>7 specific to a particular client who started on</p> <p>8 one drug and ended up on another.</p> <p>9 I -- I think I said that clearly, that I</p> <p>10 am making some assumptions, again, statistically</p> <p>11 based on what I know happens with heroin use. So</p> <p>12 I don't have specific examples of cases.</p> <p>13 I believe some caseworkers may have some</p> <p>14 cases where they know that occurred, but they</p> <p>15 don't necessarily know that either. So if they</p> <p>16 have a client who is currently testing positive</p> <p>17 or admitting to use of heroin, they may not know</p> <p>18 where that started.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Okay. So for any example based on an</p> <p>21 individual case where you can say, "I know that</p> <p>22 in the case of Jane Doe this bad thing happened</p> <p>23 because of something about drug addiction, and it</p> <p>24 had a horrible impact on a child or it had a</p> <p>25 secondary impact on a caseworker or it was some</p>	<p style="text-align: right;">Page 380</p> <p>1 said I don't have examples of that.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Okay. And even if you could identify</p> <p>4 examples, your view is that you wouldn't be</p> <p>5 willing to share them because it would involve</p> <p>6 looking at confidential information like patient</p> <p>7 names, potentially children names --</p> <p>8 MS. FLOWERS: Same objection.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. -- or client names?</p> <p>11 A. Correct.</p> <p>12 Q. So at trial, you don't intend to talk</p> <p>13 about any specific examples, right?</p> <p>14 MS. FLOWERS: Object to form. Calls for</p> <p>15 speculation.</p> <p>16 THE WITNESS: No, I -- I don't.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. I'm sorry?</p> <p>19 A. I said no, I don't.</p> <p>20 MR. ALEXANDER: Okay. So subject to our</p> <p>21 prior reservations and whatever issues we have to</p> <p>22 deal with on motion, whatever those would be, I</p> <p>23 was going to pass to the manufacturers and other</p> <p>24 defendants for their questioning.</p> <p>25 I would suggest that we just go off the</p>
<p style="text-align: right;">Page 379</p> <p>1 other -- in some other way, it was a great</p> <p>2 example of what I've been talking about," if</p> <p>3 there are examples like that, you wouldn't be</p> <p>4 willing to let us look at those case files to</p> <p>5 figure out what the file actually says, correct?</p> <p>6 MS. FLOWERS: Object to the form. Lack</p> <p>7 of foundation; misstates the witness's testimony.</p> <p>8 THE WITNESS: I wouldn't necessarily</p> <p>9 know what cases those are, so I --</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. Okay.</p> <p>12 A. -- I couldn't say, you know, it's a</p> <p>13 particular case. So, no, I -- I couldn't say,</p> <p>14 "This case you can look at; that case you can't,"</p> <p>15 so I wouldn't be able to do that.</p> <p>16 Q. So let's make it a two-step process.</p> <p>17 Can you identify with any degree of</p> <p>18 particularity, whether they be case file numbers</p> <p>19 or names, any of the actual cases that you're</p> <p>20 kind of relying on in your head as examples of</p> <p>21 the sorts of things that you've been talking</p> <p>22 about of the -- the human impact of the opiate</p> <p>23 epidemic?</p> <p>24 MS. FLOWERS: Form.</p> <p>25 THE WITNESS: I -- I think I already</p>	<p style="text-align: right;">Page 381</p> <p>1 record for five seconds while we shift seats.</p> <p>2 MS. FLOWERS: Okay. Before we go off</p> <p>3 the record, we'll just state on behalf of the</p> <p>4 plaintiff that we believe the documents have all</p> <p>5 been produced for this witness.</p> <p>6 - - -</p> <p>7 EXAMINATION</p> <p>8 BY MS. NADEL:</p> <p>9 Q. It's been a long day. I just want to</p> <p>10 remind you of who I am. My name is Heidi Nadel.</p> <p>11 I represent Insys Therapeutics, Inc. And I only</p> <p>12 have a couple of questions for you.</p> <p>13 MS. NADEL: Are we good? Are we good?</p> <p>14 Okay.</p> <p>15 BY MS. NADEL:</p> <p>16 Q. We've talked a lot today about variously</p> <p>17 called opioid, opiate epidemic or crisis. Is it</p> <p>18 okay if in my questions I refer to "the opiate</p> <p>19 epidemic," and it will mean all of the things</p> <p>20 that have been used today as opioid crisis,</p> <p>21 opiate epidemic, however it's been used in the</p> <p>22 documents, we have one term I can use?</p> <p>23 A. Yes. That's fine with me. That's</p> <p>24 generally how I have been characterizing it today</p> <p>25 as well.</p>